DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	* CORRECTED - 7/02/04 8/ 24/04 FORM APPROVED OMB NO. 0938-0193
TEACHT OANE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVA	ALOF $0 4 - 0 1 0$ Arkansas
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE COCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August <b>23</b> , 2004
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO	O BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS A	AN AMENDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPAGT: a. FFY 2004 \$ 77,352.00
42 CFR, Part 483, Subpart 483.350-483.3	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMEN	NT:  9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMEN (If Applicable):
Attachment 4.11-A, Page 1 Attachment 4.11-A, Page 2	Same, Approved 6-20-95, TN 95-16 Same, Approved 6-20-95, TN 95-16
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been federal regulations on the use of restrain Residential Treatment Facilities (PRTFs).  11. GOVERNOR'S REVIEW (Check One):	n amended to publish enforcement procedures of nt and secusion and survey activity for Psychiatric
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
☐ NO∕REPLY RECEIVED WITHIN 45 DAYS OF SUBMI	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
$M M M_{\odot}$	Division of Medical Services
13. TYPED NAME:	P. O. Box 1437
Roy Jeffus	Little Rock, AR 72203-1437
Director, Division of Medical Services	Attention: Joie Wallis
15. DATE SUBMITTED: May 27, 2004	S1ot S295
	ONAL OFFICE USE ONLY
17. DATE RECEIVED:	18. DATE APPROVED: 1 SEFTEMBER 2004
PLAN APPRO	OVED - ONE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL: 23. AUGUST 2004	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
ANDREW A. FREDRICKSON	DIV OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS:  Pen + Ink Charge done to M  dated 8/24/04.	reflect corrections made on fax from state

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 4.11-A Page 1

## STANDARDS FOR INSTITUTIONS

Revised:

August 1, 2004

- 1. The health related standards setting authority, Arkansas Department of Health (in cooperation with the Arkansas Division of Medical Services), shall be responsible for:
  - a. Establishing and maintaining health standards for private or public institutions in which recipients of medical assistance under the State Plan receive care of services;
  - b. Establishing a plan for review by professional health personnel for appropriateness and quality of care and services furnished to recipients and where applicable, for providing guidance to Arkansas Division of Medical Services.
  - c. Performing the function of determining whether institutions and agencies meet the requirements for participation under Title XIX;
  - d. Cooperating in full with Arkansas Division of Medical Services in application of provider standards;
  - e. Promptly taking steps to insure full compliance with federal/state laws, rules and regulations and shall report the results of these efforts to the Arkansas Division of Medical Services; and
  - f. Licensing rehabilitative hospitals.
- 2. The non-health related standard setting authority Arkansas Division of Medical Services (in cooperation with the Arkansas Department of Health), shall be responsible for:

STATE Arkansas

DATE REC'D 6-14-04

DATE APPVD 9-1-04

DATE EFF. 8-23-09

HCFA 179 04-10

SUPERSEDES: TN- 95-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 4.11-A Page 2

STANDARDS FOR INSTITUTIONS

Revised:

August 1, 2004

- a. Establishing and maintaining standards and procedures for all Long Term Care Facilities participating in the Medicaid Program (Title XIX); procedures shall be developed as follows:
  - 1. Establishing procedures for Utilization Control for Title XIX facilities;
  - Establishing procedures for management of personal allowance funds for Title XIX
    recipients;
  - 3. Establishing procedures for Reasonable Cost-Related Reimbursement to Title XIX Long
    Term Care Facilities
- Providing consultation to institution providers to enable them to qualify for payments under
   Title XIX
- c. Recording and reporting evidence of non-compliance with federal/state laws. Repeat deficiencies will be subject to the sanctions listed in Arkansas Division of Medical Services Administrative Remedies and Sanctions (including the withholding of all or part of the monthly vendor payment). The withheld vendor payment(s) may be returned to the provider if so determined as a result of the appropriate appeal procedures specified in said regulations
- d. The Division of Medical Services' Office of Long Term Care, is responsible for and will conduct, via a contract with APS Healthcare, validation and complaint surveys of Psychiatric Residential Treatment Facilities (PRTFs) to establish whether the facilities are in compliance with federal regulations regarding the use of restraint and seclusions.

DATE REC'D 6-14-04

DATE APPLIE 9-1-04

DATE EFF 8-23-04

HCFA 179

SUPERSEDES: TN- 95-16